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ev. 5-17-39
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12416

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 3 5 1944

Registration District No. 362

Primary Registration District No. 6232

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Waver

(b) City or town Rural Bridgeport
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sup.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Waver

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 6 miles south High Hill
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amelia Augusta Grosser

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 day Sunday
year 1944 hour 2:30 minute 1 M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 26 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 25, 1944, to Feb 26, 1944;
that I last saw her alive on Feb 26, 1944;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death Pulmonary edema

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Housewife

Other conditions 1110
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: 1110
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Schmidt

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed. Ludwig

(b) Address Jonesburg Mo.

17. (a) B. (b) Date thereof Feb 27 44
(Burial, casket, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg

18. (a) Signature of funeral director C. A. Hardig

(b) Address Jonesburg Mo.

19. (a) Mar. 1 1944 (b) John A. Bebermeyer
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. Lundin (M.D. or other) MD

Address Jonesburg Mo. Date signed Feb 27 44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

109
0
0

109

1264

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 4-4-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

ME

Registered Apprentice No. _____

Signed _____

Carl A. Harding

Licensed Embalmer No. 41157

P. O. Address Jonesburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.